



FILED
Feb 01, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000098832			
1. Entity Name 445 OSCEOLA LLC			
Principal Place of Business 445 OSCEOLA ST. ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 445 OSCEOLA ST. ALTAMONTE SPRINGS, FL 32701 US	
DO NOT WRITE IN THIS SPACE			
		 01052007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-3615395	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, EMERSON H 628 STONEFIELD LOOP HEATHROW, FL 32747		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		<div>UD00000617719 02/07/07-80005-025 50.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOTT, EMERSON H 628 STONEFIELD LOOP HEATHROW, FL 32747		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Emerson H Elliott</i> 1-25-07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	